



TRANSFER

**DEPARTMENT OF MOTOR VEHICLE SAFETY
REGULATORY COMPLIANCE SECTION
2206 EAST VIEW PARKWAY
P.O. BOX 80447
CONYERS, GEORGIA 30013
(678)-413-8575**

**INSTRUCTIONS FOR
APPLICATION FOR TRANSFER OR LEASE OF PERMANENT MOTOR CARRIER
CERTIFICATE(S)**

This form is to be used for making application to the Department of Motor Vehicle Safety (hereafter known as DMVS) for either the transfer or lease of Motor Carrier Certificate(s).

Only permanent Certificates may be transferred.

1. Application must be accompanied by **CASHIER'S CHECK, CERTIFIED CHECK, MONEY ORDER**, in the sum of **\$75.00** payable to Department of Motor Vehicle Safety. No application will be assigned for hearing or given consideration by the DMVS unless accompanied by required fees.
2. If applicant is incorporated, attach a copy of the Articles of Incorporation and copy of verification certificate from Secretary of State's Office.
3. The complete address and telephone number of each creditor must be listed on Page 4.
4. The application should be typewritten, however, if this is not convenient, pen and ink may be used.
5. Have your insurance company file a new Form "E" (proof of commercial liability and property insurance) in the new or amended company name. A new Form "H" (proof of cargo insurance) will also be required for applicants transferring Household Goods Certificates.
6. Submit all original documents and fees to: DMVS, Regulatory Compliance Section, 2206 East View Parkway, P.O. 80447, Conyers, Georgia 30013

Upon receipt of the application and transfer fee the matter will be assigned for public hearing. If the DMVS receives no protests to the transfer application you will not need to appear in person and the matter will be handled on the record. If you do need to appear, the DMVS staff will notify you.

If you need assistance or additional information in the completion of these forms, please call us at 678-413-8575, and we will be happy to assist you.



DEPARTMENT OF MOTOR VEHICLE SAFETY
2206 EAST VIEW PARKWAY, P.O. BOX 80447
CONYERS, GEORGIA 30013

APPLICATION FOR TRANSFER OR LEASE OF PERMANENT MOTOR CARRIER
CERTIFICATE(S)

GEORGIA, _____ COUNTY.

APPLICATION IS HEREBY MADE TO THE DEPARTMENT OF MOTOR VEHICLE SAFETY

FOR () Transfer or () Lease, of Class _____ Certificate (s)

No. (s). _____

FROM: _____
(NAME)

ADDRESS: _____ PHONE # (____) _____

TO: _____
(NAME)

ADDRESS: _____ PHONE # (____) _____

which authorizes the transportation of _____
(passengers and/or household goods)
as described in said certificate (s).

Is Sales Contract written? () Yes () No. If written, attach copy of written contract of purchase, market Exhibit "A", which must contain a complete statement of all of the assets of the transferor to be sold and the price to be paid therefore. If contract of purchase is oral, furnish the following information:

Value of Certificate(s) purchased	\$ _____
Value of vehicle purchased.	\$ _____
Value of other property purchased.	\$ _____
Total purchase price.	\$ _____

Describe below all vehicles and other property purchased herein:

Name and address of Attorney in Fact, or Agent for Service:

Telephone # (____) _____ Cell Phone # (____) _____ E-mail _____

If the () Transferee or () Lessee is a Corporation, attach copy of charter, and give names and addresses of the following officers:

OFFICERS

<u>NAME</u>		<u>ADDRESS</u>
_____	Pres.	_____
_____	V. Pres.	_____
_____	Secty.	_____
_____	Treas.	_____

BOARD OF DIRECTORS

_____	_____
_____	_____
_____	_____
_____	_____

Also, list below the name, address and number of shares owned by each of the stockholders:

<u>NAME</u>	<u>ADDRESS</u>	<u>NO. OF SHARES</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Attach additional sheet if necessary)

The following is a true and correct statement of the assets and liabilities of the () transferee or () lessee:

ASSETS:

Real Estate (value)	\$ _____
Personal property (value)	\$ _____
Plant & equipment (value)	\$ _____
Cash and deposits	\$ _____

TOTAL \$ _____

LIABILITIES:

Capital Stock (If applicable)	\$ _____
Equipment, or other notes payable	\$ _____
Judgments (total face value)	\$ _____
All other liabilities	\$ _____

TOTAL \$ _____

NET WORTH \$ _____

The following is an itemized statement of all creditors known to transferor and the amount due or claimed to be due:

**AMOUNT DUE OR
CLAIMED DUE**

CREDITORS

Name: _____

Address: _____

\$ _____

Telephone #: _____

Name: _____

Address: _____

\$ _____

Telephone #: _____

Name: _____

Address: _____

\$ _____

Telephone #: _____

Name: _____

Address: _____

\$ _____

Telephone #: _____

If additional space is necessary, attach an additional sheet, market Exhibit "B", showing name and address, telephone number and amount due or claimed to be due of each know creditor.

GEORGIA, _____ County

TO BE COMPLETED BY TRANSFEROR OR LESSOR:

Personally before me came _____,
who being duly sworn, upon oath deposes and says that all rents, wages of employees, and all other
indebtedness incident to the operations of Class _____ Certificate (s) No (s) _____ have been
paid in full, except as set out in the itemized statement listed on Page # 4 herein, or attached as Exhibit "B".

Sworn to and subscribed before
me this the _____ day of
_____, 20_____.

Owner, Authorized Officer or Attorney of
() Transferor or () Lessor

NOTARY PUBLIC

Print Name

=====

TO BE COMPLETED BY TRANSFEREE OR LESSEE:

Personally before me came _____,
who being duly sworn, upon oath deposes and says he has read all statements contained in the foregoing
application for () transfer or () lease of Class _____ Certificate (s) No (s) _____ including the
guarantee to pay all legal obligations incurred in the operation of said certificate(s), and listed on Page # 3
herein or attached as Exhibit "B" and that the statements made therein are true to the best of my knowledge and
belief.

Sworn to and subscribed before
me this the _____ day of
_____, 20_____.

Owner, Authorized Officer or Attorney of
() Transferee or () Lessee

NOTARY PUBLIC

Print Name

Note: Both Transferor and Transferee must sign and have notarized



**AFFIDAVIT
in support of
CERTIFICATE**

Name of applicant: _____

Name and address of person completing affidavit.

My job, title and responsibilities with the company.

What experience do you have in the type business you are applying for authority to conduct?

What area do you propose to operate in? _____
(Example: Atlanta and a 50-mile radius) (Explain in detail)

Do you have any technical background in this business? _____

Insurance Coverage _____ (Mileage your insurance covers).

I understand this application is for an interim certificate and that my permanent certificate will not be issued for twelve (12) months. The purpose of the twelve (12) month interim period is to demonstrate a public need for the service. I further understand that my permanent certificate will be based on the actual performance and service and agree to abide by all DMVS rules and regulations if this authority is granted.

Subscribed and sworn to before me,

this ____ day of _____,

20 _____,

Notary Public

**(Signature of applicant, or person
authorized to execute this affidavit.)**

(Title)

(Telephone Number)



STATEMENT OF SAFETY AWARENESS & STATEMENT CERTIFYING IDENTIFICATION OF VEHICLES

For: _____
(Carrier Name)

I hereby certify knowledge of applicable federal and state motor carrier safety rules, regulations, standards and orders, and declare that all operations will be conducted in compliance with such requirements.

**Department of Motor Vehicle Safety
Regulatory Compliance Section
2206 East View Parkway, P.O. Box 80447
Conyers, Georgia 30013**

I certify that all vehicles to be operated under the authority granted by the Department of Motor Vehicle Safety will be durably marked on both sides of the body or cab the vehicle, in letters and figures in sharp color contrast to the background and legible from a distance of 50 feet while the vehicle is not in motion, with the following information:

- (1) Legal name or single trade name;
- (2) Principle place of domicile (for vehicles with a GVWR under 10,000 lbs
or vehicles with a GVWR over 43,000 lbs.)^{1 2}
- (3) Assigned USDOT number (for vehicles with a GVWR over 10,000 lbs.)

Signed by: _____

(Title)

Subscribed and sworn to before me,

This ____ day of _____, 20 ____.

(Notary Public)

My Commission Expires: _____

¹ The city and state of your principal place of business.

² GVWR means the Gross Vehicle Weight Rating. This rating is applied by the vehicle manufacturer to the vehicle chassis and cannot be changed, except by the manufacturer.